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DEPARTMENT FOR EUR/PGI TESSLER AND OES/IHB LAURITZEN

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SUBJECT: CROATIA'S EFFORTS AT FIGHTING TUBERCULOSIS

REF: STATE 6989

11. SUMMARY: This cable responds to reftel. According to 2005 data, Croatia is a middle incidence country for tuberculosis, with about 23 new cases per 100,000 people per year. About one to two percent of new cases are multidrug resistant (MDR). GoC efforts to implement the Berlin Declaration on Tuberculosis have focused on improved application of the WHO's Stop TB Strategy. In 1998, the GoC established a national strategy for TB prevention that included expanding the use of directly observed treatment, short course (DOTS). The Croatian Ministry of Health is now revising the national strategy to include other components of the Stop TB Strategy. Areas for improvement include outreach and education for medical staff and further expansion of DOTS. End Summary.

TB in Croatia: Mid-level Incidence, Low MDR Incidence

12. In regard to tuberculosis, Croatia is a middle incidence country, recording 23 new cases per 100,000 people in 2005, according to statistics from the Croatian Ministry of Health. With the exception of a leveling from 1991 to 1998 due to the effects of war, the incidence of TB in Croatia has fallen steadily since 1981, when the incidence was 87 cases per 100,000. According Dr. Valerija Stamenic at the Croatian Ministry of Health Office of Technical Medical Affairs and Dr. Aleksander Simunovic, TB program manager at the Croatian National Institute of Public Health, about one to two percent of new cases are multidrug resistant (MDR), such that five to ten MDR patients are being treated at any given time. Stamenic told us Croatia also has a low incidence of TB-HIV interaction, although she did not have exact numbers. Patients with MDR TB or TB and HIV are treated in specified hospitals in Zagreb.

Berlin Declaration: Focus on Stop TB Strategy

13. GoC efforts to implement the Berlin Declaration on Tuberculosis have focused on improved application of the WHO's Stop TB Strategy. The Ministry established its current national TB prevention strategy in 1998 but expects to release a revised strategy in the next few months. Simunovic said that while the 1998 strategy included the first component of the WHO Stop TB Strategy (pursue expansion and enhancement of high-quality DOTS), the new strategy will incorporate additional components of the WHO strategy. In particular, he noted the new strategy will address the need for a public-private mix approach, as private practitioners play an increasing role in healthcare in Croatia. In line with the WHO strategy, Stamenic said the Ministry's goal is to detect 70% of cases and cure 85% of detected cases. Simunovic said the follow-up program begun five years ago to determine treatment outcomes indicates 75% of patients complete treatment, and most of those are cured. He said achieving an 85% cure rate will be difficult, as it can be hard to convince busy doctors to take the time to ensure

their patients complete the full treatment.

¶4. Three years ago, with a grant from the Soros Foundation, the Ministry developed a course for general practitioners to improve detection and control of TB. The Ministry provided the course to practitioners in several high-incidence counties but had to stop the program after the first year because of a financial gap. Stamenic said, however, that the Ministry's budget does include funds for educating practitioners and others regarding the new national strategy upon its release.

#### Areas of Need: Education and DOTS Expansion

¶5. Simunovic identified outreach to general practitioners as the key area for additional effort. He said an average practitioner sees 50 patients a day, but encounters a TB case only once in two years. Given this low frequency of cases, practitioners can easily forget to watch for TB and often do not recognize it in the first couple months. Simunovic believes a relatively small effort at outreach--perhaps building from the course developed a few years ago--could have a big effect at improving detection. Stamenic agreed that education is a key area for further effort, saying training of laboratory staff and pulmonologists, as well as general practitioners, could be improved. She also identified two other areas of need: further expansion of treatment in line with DOTS and improved outcome monitoring.

¶6. For a practitioners perspective, we spoke with Dr. Darko Richter from the Srebrnjak Children's Hospital in Zagreb. His primary concern is latent TB. Because eradicating latent TB is not part of the national strategy, Richter fears it is more widespread than Ministry of Health officials realize. Bradtke